

Keringle Park Limited

CURRENT STATUS: 10-Jun-13

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Surveillance audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Keringle Park Residential Care is privately owned. It is a stand-alone business which continues to offer rest home level care for up to 33 residents. There are 12 beds that are dedicated to provide secure dementia care. On the day of audit there are 32 rest home care residents, 12 residents are receiving dementia care and two are under the age of 65 years. There have been no changes made to services offered or the building footprint since the previous audit.

Two areas that required improvement from the previous audit now meet the requirements. No new areas for improvement are identified during this audit. The requirements of the provider's contract with the district health board are met.

AUDIT SUMMARY AS AT 10-JUN-13

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk

Indicator	Description	Definition
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

Consumer Rights	Day of Audit 10-Jun-13	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained

Organisational Management	Day of Audit 10-Jun-13	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained

Continuum of Service Delivery	Day of Audit 10-Jun-13	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained

Safe and Appropriate Environment	Day of Audit 10-Jun-13	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained

Restraint Minimisation and Safe Practice	Day of Audit 10-Jun-13	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained

Infection Prevention and Control	Day of Audit 10-Jun-13	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained

Keringle Park Limited

CURRENT STATUS: 12-Oct-11

The following summary has been accepted by the Ministry of Health as being an accurate reflection of the Certification audit conducted against the Health and Disability Services Standards – NZS8134.1:2008; NZS8134.2:2008 & NZS8134.3:2008 on the audit date(s) specified.

GENERAL OVERVIEW

Keringle Park is a 33 bed facility providing both rest home and secure dementia level care. The home is situated in Papakura amongst mature grounds. A home-like atmosphere is evident where residents are treated with respect and family members are warmly welcomed. A good rapport is demonstrated between staff and residents. During the audit both residents and family members were interviewed. All express a high degree of satisfaction with the services and particularly with the staff. Two areas for improvement are required, relating to checking of medicines on arrival from the pharmacy and maintaining privacy of information during staff handover.

AUDIT SUMMARY AS AT 12-OCT-11

Standards have been assessed and summarised below:

Key

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service attained with some criteria exceeded

Indicator	Description	Definition
	No short falls	Standards applicable to this service attained with all criteria achieved
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Standards applicable to this service attained but with some criteria partially achieved and of negligible or low risk
	A number of shortfalls that require specific action to address	Standards applicable to this service attained but with some criteria partially achieved and of medium, high or critical risk and/or some criteria unattained
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained

Consumer Rights	Day of Audit 12-Oct-11	Assessment
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity

Organisational Management	Day of Audit 12-Oct-11	Assessment
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		No short falls

Continuum of Service Delivery	Day of Audit 12-Oct-11	Assessment
Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		A number of shortfalls that require specific action to address

Safe and Appropriate Environment	Day of Audit 12-Oct-11	Assessment
Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		No short falls

Restraint Minimisation and Safe Practice	Day of Audit 12-Oct-11	Assessment
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		No short falls

Infection Prevention and Control	Day of Audit 12-Oct-11	Assessment
Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		No short falls

AUDIT RESULTS AS AT 12-OCT-11

Consumer Rights

Both residents and families are very complimentary of services provided in the facility and confirm their rights are respected at all times. Information about the code of rights and services is provided and easily accessible to residents and families. Policies and guidelines are implemented to support residents' rights. Education is provided and reinforces a sound understanding of residents' rights and resident's ability to make choices. Care plans reflect the choices of residents and their involvement in decision making. Critical employment guidelines that outline staff code of conduct are included in induction.

There are systems in place that ensure resident's physical and personal privacy is maintained in both the single and six shared bedrooms, and communal bathroom amenities. Sufficient space to ensure privacy for discussions is provided. There is a documented complaints process in place which is provided at the time of admission to residents and at staff induction. A complaints register is maintained. An area for improvement required is staff maintaining privacy of information during handover.

Organisational Management

The organisation is owned and managed by an experienced husband and wife team. Registered nurse clinical support with twenty hour on call back up is provided. Policies and systems are in place that provide direction and underpin service delivery. The documented mission, to provide quality care with dignity for older people is included in information provided to residents on admission and on display within the facility.

The quality and risk management system in place is implemented and monitored to generate improvements within service delivery and is overseen by a consultant. The internal monitoring programme includes satisfaction surveys, risk reporting and quality data information and links into the quarterly quality service meetings and regular staff meetings enabling areas of deficit to be addressed. Family and resident satisfaction surveys are completed and regular resident meetings are held. Health and safety policies, systems and monitoring processes are in place to manage risk.

Human resources processes are documented and well managed. There is a very low staff turnover with a number of staff having been at the facility for many years. A comprehensive induction programme that provides new staff with appropriate information for safe work practice and a comprehensive education programme that exceeds eight hours annually is provided. There is a roster that provides sufficient and appropriate coverage for effective delivery of care.

Continuum of Service Delivery

Information about the facility is available in an information book and on the Eldernet website. Prospective residents and their families are able to visit prior to entry to meet the manager and registered nurse. Accurate information is provided and questions are answered.

On admission residents undergo a thorough assessment by the registered nurse. Residents and families are encouraged to make their preferences known and these are included in the care plans. A local general practitioner attends most residents but residents can choose to have their own doctor.

Care plans are detailed and individualised. They include how residents' needs for healthcare, personal hygiene, activities, and social contacts are to be met. Care plans are reviewed at least six monthly or whenever the needs or wishes of the resident change. Medical reviews occur monthly in the dementia unit and at least three monthly in the rest home unless the resident is unwell or their needs are changing. All care is overseen by a registered nurse.

Activities are provided that promote and maintain physical ability, enhance mental wellbeing and provide opportunities for social interaction. Families are able to participate and they are invited to Christmas functions.

Medicine management is safe and meets requirements. An area for improvement required is checking medicines on arrival from the pharmacy for accuracy. Staff administering medicines are competent to do so.

A dietitian audited menu is in place. Residents' nutritional needs are assessed on admission and likes, dislikes and allergies are communicated to the kitchen staff. Food

training is provided. Residents are weighed regularly and their weight recorded in the clinical files. Residents and families confirm the meals are lovely.

Safe and Appropriate Environment

There are policies and procedures for the management of waste and hazardous substances. Staff are trained in the policies and procedures. Appropriate personal protective equipment is used.

A maintenance programme is in place. There is a current building warrant of fitness and an approved fire evacuation plan in place. Residents are provided with an environment that provides adequate natural light, safe ventilation and is maintained at an appropriate and comfortable temperature. Adequate toilets, showers and hand washing facilities are provided within the communal facilities. A call bell system is in place. A range of outdoor areas are provided for residents within the well maintained, park like grounds. Outdoor seating tables, shade and a designated smoking area is provided. All laundry is done on site. The facility was very clean and well maintained.

Restraint Minimisation and Safe Practice

There is no use of restraint but staff are trained in the policies and procedures for restraint minimisation and safe practice.

Infection Prevention and Control

An effective infection control programme is in place. The infection control officer is a registered nurse. She provides training to the staff, ensures the policies and procedures are implemented and collects data on the rates and types of infections. This is collated monthly and analysed to find possible causes and areas where improvements can be made. There are relatively low rates of infections and these are well managed.